



OFFICE OF THE DEPARTMENT OF DEFENSE COORDINATOR
FOR DRUG ENFORCEMENT POLICY AND SUPPORT

1510 DEFENSE PENTAGON
WASHINGTON DC 20301-1510



9 MAR 1995

MEMORANDUM FOR UNDER SECRETARY OF THE NAVY
(ATTN: CAPT WEISBERG)
ASSISTANT SECRETARY OF THE ARMY (IL&E)
DEPUTY ASSISTANT SECRETARY OF THE AIR FORCE
(RA&CDP)

SUBJECT: Regionalization of the Drug Screening Laboratories

The pilot program to regionalize military drug testing laboratories conducted at the U.S. Army Forensic Toxicology Drug Testing Laboratory, Tripler Army Medical Center, has completed the testing of over 21,000 specimens submitted from the three Services. While administrative problems have been identified, there were no significant indications to preclude the concept of regionalization from proceeding forward. Please provide the following information for each military drug testing laboratory for FY94:

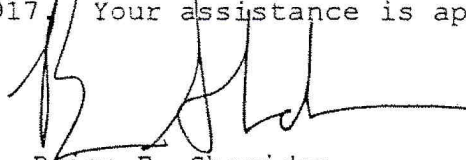
- (a) Total number of urine specimens received for testing by individual laboratory.
- (b) Total number of initial screening assays performed by individual laboratory. Do not include calibrators, standards and controls.
- (c) Total number of confirm positive samples reported by individual laboratory. Do not include calibrators, standards and controls.
- (d) Individual total laboratory budget with breakout for:
 - (1) O&M expense
 - (2) Direct reagent testing expenses (cost of reagents only)
 - (3) Civilian payroll expenses (include total number of civilians)
 - (4) Number of positive sample litigation packages prepared in FY94.
 - (5) Number of of Court-martial proceedings attended. (Identify source of funding supporting court martial, TAD attendance, i.e., Drug laboratory, requesting command, central headquarters.)

In addition, please provide the Service expenses related to drug testing to contract laboratories, ie. Pharmchem, Northwest Toxicology, etc. Include the number of specimens mailed to outside facilities, whether specimens were from civilian or military personnel, and the number of drug tests requested to be performed by the contract facility. To facilitate the



regionalization objective, please also identify no more than two representatives to attend a Tri-Service meeting to address the regionalization concept from the policy, administrative, and technical aspects of program implementation. The date, time, and location of the meeting will be announced later.

I request that the information be provided within three weeks of the date of this memorandum. My point of contact for this action is Captain John F. Jemioneck, MSC, USN who may be reached at (703) 693-1917 or DSN 223-1917. Your assistance is appreciated.



Brian E. Sheridan
Deputy Assistant Secretary for
Drug Enforcement Policy and Support

LTJ Jacobs

AFIP-CME-T

21 MARCH 1995

MEMORANDUM FOR OFFICE OF THE DEPARTMENT OF DEFENSE
COORDINATOR FOR DRUG ENFORCEMENT POLICY
AND SUPPORT, ATTN: SHARON H. COOPER,
DIRECTOR, DEMAND REDUCTION, PENTAGON,
ROOM 2E549, WASHINGTON, DC 20301-1515

SUBJECT: Report on the Drug Laboratory Testing Regionalization Program at Tripler
Army Medical Center, Hawaii

1. I concur with the draft report with the editorial corrections I have included.
Corrections are in red ink and include a) removal of AFIP blind samples from positive test
figures for the Army (Navy, Air Force & Marine Corps pilot study units did not submit
blind samples) and b) typographical corrections to the draft.
2. COL O'Brien will be submitting the U. S. Army response to the 9 March 1995
memorandum enclosed with the report.



MICHAEL L. SMITH
COL, MS, USA

Forensic Toxicology Consultant to the US Army Surgeon General



OFFICE OF THE DEPARTMENT OF DEFENSE COORDINATOR
FOR DRUG ENFORCEMENT POLICY AND SUPPORT

1510 DEFENSE PENTAGON
WASHINGTON DC 20301-1510




March 17, 1995

MEMORANDUM FOR COLONEL JOHN O'BRIEN, MS, USA
COLONEL MICHAEL L. SMITH, MS, USA
CAPTAIN MURRAY WEISBERG, USN
CAPTAIN WILLIAM TOWCIMAK, USN
CAPTAIN HAYWOOD HUGHES, MSC, USN
COLONEL TOM CAYTON, USAF
LEIUTENANT COLONEL WILLIAM J. MEHM, USAF, BSC
MAJOR RAYMOND. E. FREELAND, Jr., USA
LIEUTENANT COMMANDER GEORGE DAVIS, USN

SUBJECT: Report on the Drug Laboratory Testing Regionalization
Program at Tripler Army Medical Center, Hawaii

Attached is the draft report on the regionalization pilot program for drug testing recently completed at the U.S. Army Forensic Toxicology Drug Testing Laboratory, Tripler Army Medical Center, Hawaii. Prior to its submission to the Deputy Assistant Secretary of Defense (Drug Enforcement Policy and Support), I request that you review the text of the document. Please provide your concurrence/comments within three weeks of the date of this memorandum.

Thank you for your assistance in this matter.


Sharon H. Cooper
Director,
Demand Reduction

Attachment:
As stated



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REPORT ON THE TRISERVICE PILOT PROGRAM FOR REGIONALIZATION OF DRUG TESTING LABORATORIES

In accordance with the August 22, 1994 Memorandum from the Deputy Assistant Secretary for Drug Enforcement Policy and Support (DASD(DEP&S)), a pilot program to evaluate regionalization of military drug testing laboratories was conducted from October 1, 1994 through January 31, 1994 at the U.S. Army Forensic Toxicology Drug Testing Laboratory (FTDTL), Tripler Army Medical Center (AMC), Hawaii. The following information is summarized from the tri-service Pilot Test Program Final Data Report at TAB 1.

	Number of Specimens Tested	Number of Tests per Sample	Number Negative Tests	Number Positive Tests	%Positive Test Rate Per Sample
ARMY	11,571	4.46	51,615	172	1.49%
Navy	10,603	4.50	47,746	88	0.83%
Marines	5,264	4.93	25,973	28	0.53%
USAF	5,391	4.62	24,892	11	0.20%
TOTALS	32,829	4.63	150,226	299	0.91%

At TAB 2 is a detailed summary of specimen submissions by military unit, the number of positives by drug tested, number of specimen rejected for testing, and the total number of discrepancy encountered in accessioning by submitting Military Component Service, excluding Army as of 31 January 1995. Of the 20,986 specimens received at Tripler AMC from the other three Military Components (N, MC, AF), approximately 106 specimens (0.51%) were rejected for testing. Of the 106 specimens, 68 specimens (64%) originated from two commands. The rejection rate accounting for the remaining 38 specimens would have been 0.18%. The number of discrepancies noted from specimen submission from the three Military Components, excluding Army, totaled 576 or 2.74% of the specimens received. Neither, the specimen discrepancy rate nor the specimen rejection rate are significantly different from those encountered within the individual Service laboratories. There exists a counting difference of approximately 378 specimens tested between the two reports contained at TABS A and B. This may be specimens which were repeat tested. However, this difference does not affect the basic data evaluation.

A synopsis of the pilot program is as follows:

** There were no major or minor problems that were insurmountable. This program directed the U.S. Army Forensic Toxicology Drug Testing Laboratory, Tripler Army Medical Center, Hawaii, to change some of the previously Army-specific testing and reporting procedures.

** The differences in the philosophy by which samples are testable is minor. There were no specimens in this test period

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that had results questioned due to the delineation of the testing parameters which were established for the pilot program by the memorandum of August 22, 1994.

** The Air Force requested that a Ph.D. level individual be used for any court testimony. There have been no requests for any Air Force representation.

** The section requiring the largest number of changes was the computer section. The reporting of results was different for the different Services. The necessary reports were all generated in-house, but had to be sent out by different methods. Some reports never reached the unit and had to be retransmitted. This is issue that will require rectification in the future. However, one method of reporting should be used for all reports when the laboratories are regionalized.

** The Specimen Processing/Receiving section have five different label types to accession: Army, Navy, Air Force, Marine Corps, and MEPS. One standardized bottle label should be used.

** Complaints regarding the pilot program were mainly due to discrepancies related to the use of a standard DD Form 2624, Chain of Custody Document, and discrepancy associated with the use of this form or in specimen submission. What may have been previously acceptable to a particular service became a discrepancy under the pilot program. For example, in many instances corrections to errors on the bottle or DD 2624 form were not initialed, dated, or both.

** Positive comments were mainly from local units who appreciated the ability to personally deliver their specimens and the shortened turn around time for results.

Specific problems encountered and recommendations submitted by the Laboratory Commander through the Army Drug Program Office are contained in TAB 3.

In summary, there are no significant indications to preclude the concept of regionalization from proceeding provided that standardization processes are established. The areas of standardization are: 1) bar code labeling of bottles with SSN and submitting unit, etc; 2) introduction of the Laboratory Information Management System; 3) identification and standardized best laboratory practices based upon judicial proceedings within each Service, 4) identification and acceptance by all Services of Alternative Management Practices within the laboratories; and, 5) standardized message reporting. The DASD(DEP&S) memorandum of March 9, 1995 (TAB 4) will assist in establishing the required standardization guidance.

Future Timelines for Execution:

The Laboratory Information Management System (LIMS) is to be installed in the Navy Drug Screening Laboratory at San Diego in

4th quarter of FY95. Regionalization of the West Coast/Pacific Area using the laboratories at Tripler and San Diego could proceed in FY96 with follow-on regionalization of the other laboratories occurring in late FY96-97.

SUBJECT: Summary of Triservices Pilot Program for Regionalization of Drug Testing Laboratories

PROBLEM: Difference in the Philosophy of which specimens are testable

RECOMMENDATION: Tripler FTDTL tested specimens according to DoD guidelines for the pilot program. There have been changes after the program was completed to have stricter discrepancy criteria. For example, 30 mLs is required, the entire SSN must match, etc. The services JAGs need to decide what is acceptable for all services.

PROBLEM: GC/MS controls and standards

RECOMMENDATION: The Triservice testing had an open positive control in the GC/MS. The Army has changed back to a blind positive control in each run. Either way is acceptable to the computer. The Biochemical Testing Advisory Committee (BTAC) can make a decision or the individual labs can make separate decisions.

PROBLEM: The Air Force requires a PhD to testify in court

RECOMMENDATION: The BTAC needs to set standards for employees in drug labs or for court testimony.

PROBLEM: At least five different types of labels are used by the services

RECOMMENDATION: The Army, Navy, Air Force, Marine, MEPS and any others need to standardize bottle label requirements.

PROBLEM: Different uses of the DD2624

RECOMMENDATION: Standardize the use of this form and data fields. The Coast Guard and MEPS could also be brought on line with the same DD2624. Once the standard use of the DD2624 is defined, cross service statistical analysis can be performed.

PROBLEM: Multiple efforts are in progress (NAVY and ARMY) to develop a computerized field system.

RECOMMENDATIONS: This effort should be consolidated and standardized, and have both input and output coordinated with FTDTL IMS.

The following are a series of LIMS recommendations.

PROBLEM: Consistent, cost effective LIMS development

RECOMMENDATION: All standardization that can be accomplished should be done before any development or installation of LIMS software takes place. The system now is designed to handle specimens for the Army's needs. Changes can be made but will take development time and money.

PROBLEM: The Navy and Marines are not using the Base/Area Code on the DD2624.

RECOMMENDATION: The computer keys on the Base/Area Code. These

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codes were assigned to addresses as needed during the pilot program. This would be resolved with the standardized use of the DD2624.

PROBLEM: Confusion of S-5, M-N, Z-2 and O-0

RECOMMENDATION: Handwritten characters are often misread. This will mean that a result will not go to the correct unit or a wrong SSN will be reported. Hand held bar code printers for submitting units are being evaluated and would be extremely helpful in correct and time saving data entry.

PROBLEM: Nonfatal discrepancies

RECOMMENDATION: When a discrepancy is nonfatal there is no incentive to correct the errors. Additional training of the individuals observing, collecting and sending specimens needs to take place. Many corrections were not dated or not initialed or both.

PROBLEM: Service specific format and requirements for results reporting

RECOMMENDATION: Different services have different requirements for their results. For example, the Air force wants ng amounts on results, Air Force wants copies of all DD2624 and the Navy/Marines do not require negative results to be transmitted by SSN. Standardization will save development time on LIMS and allow for triservice testing.

Statistical data enclosed

TRI-SERVICE PILOT PROGRAM FINAL DATA REPORT SUMMARY

Service	Test	Negative Tests	Positive Tests	Samples Tested	Test per Sample	% Pos by Drug	\$Pos Total
USA	AMPS	11,547	15			0.13%	
USA	BARBS	958	0			0.00%	
USA	BZE	11,488	66			0.57%	
USA	LSD	10,798	0			0.00%	
USA	OPI	3,870	4			0.10%	
USA	PCP	1,487	0			0.00%	
USA	THC	11,467	87			0.76%	
TOTAL		51,615	172	11,571	4.46		1.49%
USN	AMPS	10,480	38			0.36%	
USN	BARBS	347	0			0.00%	
USN	BZE	10,497	27			0.26%	
USN	LSD	10,486	0			0.00%	
USN	OPI	3,262	1			0.03%	
USN	PCP	2,172	0			0.00%	
USN	THC	10,502	22			0.21%	
TOTAL		47,746	88	10,603	4.50		0.83%
USMC	AMPS	5,226	10			0.19%	
USMC	BARBS	924	1			0.11%	
USMC	BZE	5,232	1			0.02%	
USMC	LSD	5,233	0			0.00%	
USMC	OPI	3,431	4			0.12%	
USMC	PCP	706	0			0.00%	
USMC	THC	5,221	12			0.23%	
TOTAL		25,973	28	5,264	4.93		0.53%
USAF	AMPS	5,390	0			0.00%	
USAF	BARBS	262	0			0.00%	
USAF	BZE	5,388	2			0.04%	
USAF	LSD	5,390	0			0.00%	
USAF	OPI	2,206	3			0.14%	
USAF	PCP	872	0			0.00%	
USAF	THC	5,384	6			0.11%	
TOTAL		24,892	11	5,391	4.62		0.20%
GRAND TOTAL		150,226	299	32,829	4.63		0.91%